



JANUARY 1 TO DECEMBER 31

2016



IIMHL and IIDL Annual Report



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1. Purpose of this report

The value of the International Initiative for Mental Health Leadership (IIMHL) lies in its unique and meaningful interactive learning, knowledge-sharing, and engagement opportunities for leaders in mental health who work in a variety of contexts across the globe. Lived experience, research, practice, and advocacy form the core of the IIMHL program which challenges those who work to improve human well-being to expand their skills and understanding.

IIMHL strengthens organizations like APA by providing exposure to cutting edge programs and technologies, delivering insights on innovative practices, emphasizing culturally-contextualized information, and sharing advocacy techniques. The heart of the success of IIMHL is its deep respect for and interest in improving the well-being of all people.

Dr Arthur Evans,
Philadelphia's Department of Behavioral Health and Intellectual disability Service (DBHIDS) (Now CEO of the American Psychological Association).

The International Initiative for Mental Health Leadership (IIMHL) (www.iimhl.com) is a unique international collaborative that focuses on improving mental health, addiction and disability services. IIMHL is a collaboration of eight countries: Australia, England, Canada, New Zealand, Republic of Ireland, Sweden and United States of America.

The International Initiative for Disability Leadership (IIDL) is a separately funded work programme within IIMHL that works to achieve the best possible outcomes for people with a disability. IIDL is a collaboration of four countries: Australia, Canada, New Zealand, and Republic of Ireland.

IIMHL and IIDL organise systems for international networking, innovation sharing and problem solving across countries and agencies. Effective leadership will promote the best possible outcomes for people who use mental health, and addiction services and their families.

The Leadership Exchange is a weeklong learning event which is held every 16 months.

Knowledge transfer through IIMHL and IIDL includes not only the Leadership Exchange, but also promotion of workshops/training/education/webinars, support of learning collaboratives, and information dissemination *between* Exchanges.

This report is designed to give a brief overview of IIMHL and IIDL activities for the twelve months January to December 2016.

2. Chairperson's Report

The last 12 months have been busy as we prepared for the 2017 Leadership Exchange, held from 27 February to 3 March. In total, over 450 people registered to participate in the exchange, including in the 31 matches that were held across Australia and New Zealand. We were very excited about the program for the two day meeting, with Professor Tom Calma AO, Co-Chair of Reconciliation Australia and former Aboriginal and Torres Strait Islander Social Justice Commissioner at the Australian Human Rights Commission, joining us to deliver the keynote address to both the IIMHL and IIDL.

There were a number of new features to this year's Exchange. The first was the involvement of a group of 30 emerging leaders who had undertaken SPARK (Supporting the Promotion of Activated Research and Knowledge) training in Sydney in 2016. This training was delivered by the Mental Health Commission of Canada, under a partnership between the NSW Mental Health Commission and the Australian National Mental Health Commission, and increased the emerging leaders' capacity for effective knowledge translation. The SPARKies, as we fondly call them, brought their new skills to both the matches and the combined meeting.

We were delighted to see matches on previously unexplored topics. These included a match in New Zealand about safety and quality, a match hosted by the Greater Sydney Commission on how urban planning can support mental health, and one hosted by the NSW Mental Health Commission on wellbeing. We also worked with match hosts and conference organizers to capture the knowledge exchange so it can be shared more widely. We placed videographers and writers at six and nine matches respectively, and filmed the plenary sessions at IIMHL. Some of the videos are already available on the NSW Mental Health Commission's YouTube channel, and more will be made available in coming weeks. Keep your eye on the NSW Mental Health Commission and IIMHL websites for updates about their availability.

To encourage networking, we used Blendology conference tags that allowed users to 'bump' devices to exchange contact information. It was the first time the technology has been used in Australia and over 6817 connections were made, ensuring the knowledge exchange can continue when all delegates arrive back home.

Finally, the Exchange included an arts program that delighted many and provided a great contrast and escape from the intensity of some of the sessions. This included the resilient sound of Evan Yako's band of teenage drummers, comprised of young migrants from war torn countries; the joyful sound of a Sydney Spanish speaking choir; a virtual reality installation where users could don goggles to learn about the experiences of those who grew up at Sydney's child welfare institution Parramatta Girls Home; and the Mood Lab installation, an immersive artwork that gave users a chance to see their heart rates and brain waves reflected back in visuals and sounds. There was also the remarkable performance poet Phil Wilcox, whose beautiful poetry captured our thinking and some of our most passionate, emotional moments during the combined meeting.

I am very grateful to Fran Silvestri, Kathy Langlois and the IIMHL team who provided invaluable support and guidance as the team at the Commission developed the program. I would also like to acknowledge Eddie Bartnik, Chair of the IIDL Sponsoring Countries Leadership Group (SCLG), and his colleagues who simultaneously developed the program for the IIDL Exchange. I must also acknowledge our team here at the NSW Commission who went well beyond the call of duty in their intensive six months preparation leading up to the Exchange.

Moving briefly to matters beyond the 2017 Exchange, in April 2016 the SCLG met in Washington D.C. A personal highlight from the week was the trip to Philadelphia where we met with Dr Arthur Evans, the Commissioner of Philadelphia's Department of Behavioral Health and Intellectual disAbility Service (DBHIDS) (Now CEO of the American Psychological Association). We were fortunate to then be able to host Dr Evans in Sydney for a series of talks in August 2016. Inspired by his work and population health approach to addressing mental distress and disadvantage, the Commission undertook its own 'Check Up from the Neck Up' in the Sydney Central Business District during our Mental Health Month in October 2016. Based on its success, we plan to stage the event again in 2017.

In closing, I look forward to continuing our learning from Sydney. We hope it was an invigorating week full of challenges, inspiration and discussion.



John Feneley
*Chair, Sponsoring
Countries
Leadership Group
IIMHL*

3. President & CEO's Report

I am pleased to introduce our 2016 IIMHL and IIDL annual report. This past year has seen continued growth of linkages between leaders from the sponsoring countries of IIMHL and IIDL. While a Leadership Exchange did not occur in 2016, we undertook many between-Exchange activities – which are outlined in this report. We are excited in anticipation of our 2017 Leadership Exchange the week of February 28th in Australia and New Zealand with the combined meeting occurring in Sydney. John Feneley who is the chair of the IIMHL Sponsoring Countries Leadership Group (SCLG) has reported on the 2017 Leadership Exchange in his report.

In late November of 2016 IIDL held their first Sponsoring Countries Leadership Group (SCLG) meeting in Ottawa. James Van Raalte, Director General, Canadian Office for Disability Issues (ODI) and his team at Employment and Social Development Canada hosted the meeting. James and his staff developed an excellent schedule that included visits to leading organizations in Ottawa, a meeting hosted by the Minister of Disability and a presentation by Eddie Bartnik (Chair of the SCLG) and Anne Skordis (General Manager, Scheme Transition, NDIS) on the innovative developments within the Australian National Disability Insurance Agency regarding the plans and implementation of the National Disability Insurance Scheme.



Fran Silvestri
President and CEO
IIMHL

In April of 2016, the IIMHL SCLG met in Washington. During their four-day meeting, 16 of our leaders travelled to Philadelphia to visit with Dr Arthur Evans and his team to learn about the citywide efforts to build mental health literacy and their implementation of trauma informed care. We also heard from Dr Gary Belkin of New York City regarding NYC Thrive to build a citywide effort to integrate Mental Health and Substance Abuse throughout the city.

IIMHL has taken on the role of linking these citywide efforts with other city and urban activities such as those of the West Midlands Combined Authority Mental Health Commission, the Vancouver citywide work and London Thrive. We are very excited to have a match planned during our 2017 Leadership Exchange in Sydney hosted by the Greater Sydney Commission that has an innovative approach to planning urban development, one of the aims of which is to make the city more “liveable”. We intend to have a second meeting in the US in 2017 and so enable IIMHL and IIDL membership to keep abreast of the development of IIMHL’s **I**nternational **C**ity and **U**rban **R**egional **C**o**L**aborative (**I-CIRCLE**).

In light of the development of Trauma Informed Care we published our most ambitious ‘*Make it so*’ report compiled by Janet Peters who is the New Zealand IIMHL Liaison.

I want to take this opportunity to thank Erin Geaney and Kathy Langlois who together wrote our comprehensive manual on how to plan and organize our Leadership Exchanges.

IIMHL remains a very small ‘virtual’ organization yet our reach continues to grow. Our success relies on the participation of the leaders and organizations that have become part of the fabric of IIMHL and IIDL. Together we offer a conduit for leaders to find colleagues and exchange ideas so that we all continue to improve what we do.

The high prevalence of people with mental health or addiction issues has convinced us it is critical we learn about innovations by expanding our curiosity and strengthening our determination to find out how we can work better and more effectively. It challenges leaders to find ways to both prioritise those with the highest levels of distress and to intervene early to avert future problems for children and for people with emerging issues.

Thank you for participating in IIMHL and IIDL and we look forward to continuing to work with global leaders to learn and share from each other.

4. IIMHL Vision, Mission and Goals

Our tagline: *'Lead the change you want to see: connecting leaders globally.'*

The vision, mission and goals have been refined over time since IIMHL's inception:

Vision. *"We seek a future where everyone with a mental illness / mental health, addiction and/or disability issue and those who care for them will have access to effective treatment and support from communities and providers who have the knowledge and competence to offer services that promote recovery."*

Mission. To achieve its vision IIMHL and IIDL provide an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of services. It encourages the development of organizational and management best practice within mental health, addiction and disability services through collaborative and innovative arrangements among leaders.

Goals.

- Provide a single international point of reference for key mental health, addiction and disability leaders
- Strengthen workforce development and mentoring of mental health, addiction and disability leaders
- Identify and disseminate best management and operational practices
- Foster innovation and creativity
- Expand the knowledge of:
 - Building community capacity
 - Implementing best practices for consumer recovery
 - Expanding methodologies for integration with other health and social systems
- Promote international collaboration and research
- Provide assistance to international organizations such as the World Health Organization (WHO), Organisation for Economic Development (OECD), and sponsoring countries to support low and middle income countries to increase their ability to operate community based recovery systems.

5. Knowledge to transform systems

A good summary of the need for systematic processes to transform mental health systems is provided by Bullock et al¹:

“The global burden of disease attributed to mental illness and addictions presents the greatest disability burden on the planet (Whiteford et al., 2013). Recent estimates in Europe show that the annual cost of the 14 most common psychiatric disorders amounts to about 500-600 billion Euros in total for 30 countries, including direct medical costs as well as non-direct medical costs and patients' productivity losses (Gustavsson et al., 2011).

This challenge has compelled governments across the globe to transform their mental health systems. The World Health Assembly recently directed WHO to identify a global strategy for closing treatment gaps and improving care (World Health Organization, 2013). The “globalization” of mental health as a focus of health policy and public health has uncovered long neglected structural deficiencies that impact on the capacity of delivery systems to markedly improve access and outcomes. Countries and provincial/state governments have been creating commissions and developing policies and strategies to reduce the burden of illnesses and improve mental health. Frameworks for systems change in health care often emphasize the need for multi-level approaches (e.g., Ferlie & Shortell, 2001), but mechanisms to improve learning and exchange about policies, strategies and implementation, while important, have largely been lacking.

The international mental health policy community need to do more to improve learning because:

- a) countries have placed limited attention on describing frameworks for planning and designing rational delivery strategies (Belkin et al., 2012);
- b) the gap between evidence and its implementation within the field of mental health remains a key issue, with many implementation efforts not reaching their full potential (Barwick et al., 2008; Proctor et al., 2009); and
- c) the adoption of new knowledge into policy and practice is often slow and unpredictable (Nutley, Walter, & Davies, 2007).

All these contribute to the 8 to 20 year gap from the time the new knowledge is created to when it is used in practice (Boren & Balas, 1999; Green, 2001)¹.

This gap between successful innovation and widespread adoption has limited success in implementing system transformation aimed at more effectively tackling the global burden of disease associated with mental illness. IIMHL and IIDL contribute to narrowing this gap by creating better opportunities for international learning about successful innovation and how to adapt evidence-informed approaches for different contexts.

“I met with country leaders to discuss the role of policy to practice in 2016. Many countries are challenged by how they can gain momentum in supporting services to embed new practices and policies that are evidenced based and consistently applied. Through IIMHL we have formed a peer group of national leaders to work on this issue and it has been useful to understand the strengths we have in New Zealand by using information well, collecting national data with a view to improving services and also to support investment in workforce development.

Our peer group will be meeting again in early 2017 to develop a consensus statement to enable us to articulate our role in the system of mental health/addictions/disability services on improving performance. We will use our learning to support development of our work in each participating country and would hope to publish results from this work eventually”.

Robyn Shearer,
CEO,
Te Pou o te Whakaaro Nui, New Zealand.

¹ Bullock, H.L., Lindencrona, F., Belkin, G.S., Vanderpyl, J., Watters, N., & Hennessy, K. (2014). Improving Global Knowledge Exchange for Mental Health Systems Improvement. *Global Journal of Community Psychology Practice*, 5(1), 1-9. (<http://www.gjcpp.org/>).

6. Brief history of IIMHL and IIDL

In 2003 IIMHL was initiated to assist in global learning as described above. Three countries were involved in the planning: England, the United States of America and New Zealand. Additional sponsoring countries now include Australia, Canada, Republic of Ireland, Scotland and Sweden.

In the beginning, the sole focus for IIMHL was on mental health and substance abuse, however during the second Leadership Exchange in Washington, the three founding countries agreed that IIMHL should remain open to opportunities to work with other related sectors such as disabilities.

In 2006 several disability leaders attended the Leadership Exchange in Scotland, and they decided to set up a work programme to develop IIDL. The intent was to offer disability leaders the same opportunities as IIMHL affords mental health leaders. The disability leaders agreed to initially utilise the same infrastructure as IIMHL, but to seek separate funding for the IIDL work programme. New Zealand, Australia, Republic of Ireland and Canada currently sponsor the programme. Disability leaders continue to see value in shared learning between mental health leaders and disability leaders and in sharing infrastructure costs and so IIDL continues to operate as a work programme within IIMHL.

Leaders involved in IIMHL and IIDL include government officials, CEOs and leaders of mental health, addiction and disability services (both governmental and non-governmental organisations), key decision-makers, funders, service users, family members, clinical and community workers, educators and researchers, indigenous peoples and people of other cultures.

There are 3,660 subscribers registered on the database representing 25 countries and over 1000 organisations and all receive the twice-monthly IIMHL / IIDL Update.

Since its inception, a major mechanism through which IIMHL and IIDL achieves its purpose has been its international Leadership Exchanges, currently held every 16 months.

Leadership Exchanges are weeklong events. First, for two days leaders from sponsoring countries visit hosts with shared interests and participate in a jointly developed programme to support knowledge exchange. Then there is a two-day 'Combined Meeting' that both hosts and visitors attend. This meeting comprises presentations on topics of interest and further opportunities to exchange knowledge.

The first Leadership Exchange was held in Birmingham, England in June 2003 and there have subsequently been 10 further Leadership Exchanges. The three regions (North America, Australasia and the United Kingdom/Republic of Ireland) take turns hosting the Leadership Exchange. The 11th Leadership Exchange was held in Canada and the US in 2015, with the Combined Meeting hosted in Vancouver, Canada.

The Leadership Exchange continues to provide opportunities for shared learning, including peer feedback regarding services, development of collaborative projects and research and provision of information about effective innovations and their implementation.

Over recent years IIMHL has expanded the range of other low-cost mechanisms for transfer of knowledge. By 2015 these mechanisms included IIMHL-sponsored visits by subject experts to member countries; and assistance with brief searches on a specific topic, webinars and videos and IKEN-MH co-hosted by the Mental Health Commission of Canada and IIMHL. These between Exchange knowledge transfer mechanisms are all described in greater detail later in this annual report.

"From the beginning, IIMHL was founded on the premise that effective leadership is essential to developing and implementing public policies and programs to assure people with behavioral health disorders have access to the evidence based care they need to ultimately lead lives of recovery in their communities.

For more than a decade, IIMHL has successfully established numerous pathways to leadership knowledge exchange among governments, providers and peers resulting in the acceleration of more opportunities worldwide for people to attain recovery and a life in the community".

Charles Curie,
SAMHSA Administrator,
USA, from 2001-2006.

7. IIMHL structure

As of January 2010, IIMHL has operated as a 501(c) (3) US non-profit corporation. It has a small Board of Directors currently comprising seven former SCLG members who collectively have a long history with IIMHL. The Board has fiduciary responsibility for the fiscal and corporate functions and reviews the performance of IIMHL.

Each of the eight sponsoring countries identifies representatives to participate in the SCLG and pays a fee into a small fund to cover the administration and operations of IIMHL. The SCLG also includes the President/CEO of IIMHL.

The By-Laws for IIMHL specify the composition of the IIMHL SCLG and authorise the SCLG to choose the subject or theme for the Leadership Exchanges, and to provide suggestions and advice to the Board and President/CEO regarding the activities and expenditures of IIMHL.

In 2016 the four sponsoring countries of IIDL launched a second SCLG for the International Initiative for Disability Leadership (IIDL).

The President/CEO leads a small “virtual” international IIMHL office. A team of six part-time contractors provide administrative and operational support for IIMHL and IIDL, including support for the website and database. From IIMHL’s inception until 2010, Mental Health Corporations of America donated support for IIMHL. IIMHL is grateful for MHCA’s support as it allowed the organisation to strengthen and develop.

Each sponsoring country nominates key people to liaise with IIMHL, and these people also contribute to the operation of IIMHL in various ways.

8. Benefits to member countries

As noted by Bullock et al above, the lag between discovering effective forms of treatment and incorporating them into routine patient care within the United States is unnecessarily long. It is reasonable to assume that the delay is even longer for adoption internationally.

The IIMHL and IIDL networks afford a low-cost way to exchange knowledge rapidly between sponsoring countries and to thereby decrease this delay between identifying new and effective services and implementing them on a wider scale.

This has been particularly critical in recent years. In the face of economic constraint across all jurisdictions and countries, IIMHL and IIDL have provided an opportunity for participating countries to learn from each other about how to improve system performance including service quality and safety. Information has also been shared about ways in which countries are re-focusing expenditure on mental health, alcohol and other drug, and disability services in order to ensure service effectiveness and value for money while at the same time living within their means.

Sponsoring countries shape the focus of IIMHL and IIDL knowledge exchange to ensure its value and relevance to them. The list below describes some areas of focus in 2016:

- Workforce development
- More formal knowledge exchange processes
- The use of e-technology
- Clinical indicators/key performance indicators and outcome measurement
- Disability issues such as self-directed care and personalised budgets; and the rights of disabled people

Past adaptations of best practice by countries. The table below shows five of many examples from IIMHL’s past that illustrate the way in which IIMHL enables member

countries to share, adapt and locally apply effective innovations. All examples originally came from a Leadership Exchange.

Knowledge Exchange Focus	Example of application of shared knowledge
Government strategy	<p>Some governments have adopted IIMHL processes in their own strategic planning. For example the New South Wales plan from Australia: <i>Living Well: A Strategic Plan for Mental Health in NSW 2014 - 2024</i> states: "The NSW Mental Health Commission will build on the International Initiative for Mental Health Leadership model, to strengthen reform capability of mental health in NSW through knowledge exchange, innovation sharing, transfer and adaptation of successful policy and service design, use of comparative data to drive service improvement, problem solving, support for change management and leadership development and networking"(p.17). https://nswmentalhealthcommission.com.au/sites/default/files/Strategic%20Plan%20-%20Section%208a.pdf</p>
Mental Health First Aid (MHFA)	<p>MHFA was created in Australia in 2001 and has now been adapted and adopted in over 20 other countries, including the United States. It is taught in much the same way as standard first aid and enables trainees to identify, understand, and respond to the signs of distress.</p> <p>IIMHL facilitated a connection between the US National Council of Community Behavioral Health Organizations and the University of Melbourne (originators of MHFA) that led to the introduction of MHFA in the United States. Currently in the United States, MHFA is overseen by the National Council for Behavioral Health, the Missouri Department of Mental Health, and the Maryland Department of Health and Mental Hygiene, which collectively provide instructors, training, and technical support. Their goal is to make MHFA training as available and as familiar within the United States as CPR. https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/mental-health-first-aid-training</p>
Elimination and Reduction of Seclusion and Restraint	<p>IIMHL worked with the National Association of State Mental Health Program Directors in the United States to arrange visits to various cities in Australia and New Zealand in order to provide information about techniques to reduce seclusion and restraint. A national programme was rapidly established in New Zealand and as a result over 400 staff were trained in sensory modulation. Much work in New Zealand has subsequently been undertaken, see: http://www.tepou.co.nz/initiatives/reducing-seclusion-and-restraint/102 Via IIMHL, Australia continues to strengthen their efforts in this area. http://www.mentalhealthcommission.gov.au/our-work/national-seclusion-and-restraint-project/the-seclusion-and-restraint-declaration.aspx</p>
Trauma-informed care	<p>SAMHSA in the US has led international work on trauma- https://www.samhsa.gov/nctic/trauma-interventions In 2016 IIMHL found that many IIMHL countries are beginning to progress work in this area and developed a "Make it so" issue focusing on adverse childhood events, trauma-informed care and resilience and wellbeing for use by member countries to support these developments. http://www.iimhl.com/files/docs/Make_It_So/20161206.pdf</p>
SPARK Training	<p>IIMHL shared information about the Canadian-developed Supporting the Promotion of Activated Research and Knowledge (SPARK) training which helps participants apply</p>

"IIMHL provides the space for mental health leaders to replenish, restore and a most efficient way to gather new thinking, bringing together those who invent, inspire and innovate. For Irish mental health leaders, IIMHL has proven to be a place to share ideas, explore options and test new concepts in the company of wise international peers.

If "all of us know more than any of us" then IIMHL acts as a trade fair of ideas for policy writers, ministries, professionals, peers and providers in the mental health space. There is no other forum that introduces colleagues from all points in mental health in such a conducive, creative and respectful manner. Informal but never loose, IIMHL offers a vital reflective place for leaders in mental health while developing their skills and testing their thinking. This organisation pollinates ideas from across the world, accelerates understanding and reform by allowing immediate access to new concepts and models as they emerge".

Martin Rogan,
 Director of Strategy & Planning with the Rehab Group, Ireland (Now CEO, Mental Health Ireland).

techniques for moving evidence-informed research and knowledge in mental health and substance abuse more quickly into practice.

<http://www.mentalhealthcommission.ca/English/initiatives/11857/spark-training-workshop>

As a result workshops have been held in New Zealand, Sweden and Australia.

9. Membership of IIMHL and IIDL

When leaders join IIMHL or IIDL, they have access to a global network and useful information about key issues of interest through:

- The Leadership Exchange
- Participation in other collaborative activities
- Linking with international colleagues
- Twice-monthly email bulletins (called IIMHL/IIDL Update) which include information on the latest national mental health, addiction and/or disability issues:
 - Policy
 - News
 - Research
 - Webinars on best practice

In addition senior leaders have early access to 'Make it so' which gives a summary of activities across the eight countries in a specific area (e.g. trauma-informed care in late 2016).

It is up to each leader to make the most of their learning experience by continuing connections with like leaders.

10. IIMHL and IIDL Leadership Exchanges

The philosophy behind the Leadership Exchange is that once key leaders are linked together, they have the opportunity to begin collaborating and building an international partnership. The aim is to build relationships and networks that are mutually helpful for leaders, organizations and countries. The benefits of such collaborative efforts then cascade down to all staff and consumers. These benefits could include:

- Learning about innovations and best practice
- Joint programme and service development
- Sharing of managerial, operational and clinical expertise
- Linking research to practice and joint research efforts
- Providing consultation between leaders
- Peer review of services
- Leadership best practice

Each exchange occurs in a different region: Australasia, North America or Europe, with one of the member countries from that region hosting the two-day Combined Meeting. The exchange process involves the host region matching leaders who share key topics of interest. Leaders may be government officials, provider organizations, planners and/or funders, researchers, leaders from indigenous or specific ethnic groups, family leaders or consumer leaders.

The Leadership Exchange occurs every 16 months and while there was no Leadership Exchange in 2016, planning and organizing for the 2017 Leadership Exchange started in 2016 led by a team from the Mental Health Commission of New South Wales, New South Wales Health, and the IIMHL team. This will be held the week of February 27, 2017 in New Zealand and Australia with the Combined Meeting for leaders who attended matches on February 27 and 28 occurring in Sydney on March 2 and 3.

Thirty-one matches are planned for 2017 that include:

- Consumers or service users as partners, collaborators and leaders in mental health research: exploring and sharing ways to extend and sustain opportunities
- Urban planning supporting health and wellbeing
- Zero Suicide in healthcare: from international declaration to local action
- Leaders in child and youth mental health: systems issues and solutions
- Trauma-informed service integration for trauma recovery
- Perinatal and infant mental health
- Policing and mental health services
- Living well, living longer: improving physical health outcomes for people living with serious mental illness
- Quality improvement and workforce development: building leadership and capability for quality improvement in mental health services (NZ)
- SYNERGY: Australia's national online system for mental health, wellbeing and service innovation
- Healing and empowerment: indigenous leadership in mental health and suicide prevention
- Mental health supports for military personnel and their families.

11. IIMHL activities to support knowledge transfer in 2016

While the Leadership Exchanges are the key process to share innovation and best practice, through all its activities, IIMHL aims to find best and promising practices and facilitate the rapid transfer of this knowledge between countries. It can then be applied through changing practice (service delivery) and strengthening leadership capacity.

IIMHL's activities during 2016 (in addition to supporting IKEN-MH and ongoing partnerships and collaborations between members) are described below. They include:

- IIMHL and IIDL Update
- Make it so Newsletters
- Meetings and Presentations
- Provision of Requested Information

IIMHL and IIDL update. The Update is a twice-monthly email that includes information on the latest Mental Health and Disability:

- News
- Research
- Policy documents
- Webinars on best practice

Examples of key best practice documents (including radio interviews, webinars or videos) shared via the IIMHL Update in 2016 are noted on the following page.

Australia

- Mental Health Peer Work Qualification Development Project
- The Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery (The Framework)
- Medication and Mental Illness: Perspectives
- The Mental Health of Children and Adolescents: Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, 2015

Canada

- WeBelong: International Forum on Life Promotion to Address Indigenous Suicide
- 2nd National Conference on Peer Support - Canada

England

- Early Years: Promoting health and wellbeing in under 5s
- Resilience for the Digital World: Research into children and young people's social and emotional wellbeing online
- Our Communities, our Mental Health: Commissioning for better public mental health

Ireland

- Technology, Mental Health and Suicide Prevention in Ireland – a Good Practice Guide
- Improving Health and Wellbeing Outcomes in the Early Years
- Suicide Prevention, What Works?
- National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-Harm

New Zealand

- Kaupapa Māori Models of Psychological Therapy & Mental Health Services: A literature review
- The Commissioning Framework for Mental Health and Addiction
- Ngā- Ra-hui Hau Kura Suicide Mortality Review Committee Feasibility Study 2014-15 Summary Report
- Families and Whanau Status Report 2016
- State of Care, 2016: What we learnt from monitoring Child, Youth and Family
- The Determinants of Health for Children and Young People in New Zealand, 2014

Scotland

- Mental Health in Scotland – a 10 year vision
- Keeping Mothers and Babies in Mind
- Place and Communities
- What is Mental Health Recovery?

USA

- Clinical Practice Guideline for the Management of Substance Use Disorders
- Combatting the Heroin and Opioid Crisis: Heroin and Opioid Task Force
- Approaches in Implementing the Mental Health Parity and Addiction Equity Act: Best Practices from the States
- Using a Brain Science-Infused Lens in Policy Development Achieving healthier outcomes for children and families

Examples of international reports shared in IIMHL Update in 2016 were:

World Health Organisation (WHO)

- Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030 OECD
- Australia: Investing in Youth

United Nations

- New Resolution on Mental Health and Human Rights, 1 July 2016
- Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations
- World Happiness Report 2016

The World Economic Forum's Global Agenda Council on Mental Health 2014-2016

- Seven Actions Towards a Mentally Healthy Organisation: A seven-step guide to workplace mental health

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European Union

- Comorbidity of Substance Use and Mental Disorders in Europe
 - European Framework for Action on Mental Health and Wellbeing
 - Mental Health in Policies including Across-government Policies
-

Alzheimer's Disease International

- The Global Impact of Dementia: An analysis of prevalence, incidence, cost and trends
-

"The IIMHL report (Make it so) on ACEs and trauma informed care work across eight countries is a great achievement on the part of the authors and the organisation. It brings together the most current and important policy and practice developments across the arena of adverse childhood experiences and deserves to be shared widely.

I have no doubt that this document will inspire others and accelerate change".

Dr Warren Larkin,
Consultant Clinical Psychologist; Clinical Director, Children & Families Network Lancashire NHS Foundation Trust; Clinical Lead for Adverse Childhood Experiences Programme; England

"Make it so" Newsletter for key leaders. Three times a year, IIMHL prepares a newsletter for key leaders within each country to rapidly share the current state of international knowledge about a specific topic of interest.

In 2016 three documents were circulated and are now available online:

- **Healthy Families: From ACEs to Trauma Informed Care to Resilience and Wellbeing: examples of policies and activities across IIMHL & IIDL countries**
- **The Use of Tasers on People with Mental Health Problems Across IIMHL Countries**
- **Services for People Experiencing a Mental Health Crisis Situation: Across IIMHL Countries**

Meetings and presentations. In addition to the IIMHL Leadership Exchanges and IIMHL communications, IIMHL facilitates the sharing of knowledge and innovations between and within sponsoring countries. Some examples where IIMHL assisted in new activities are the following:

IIMHL supported the April 2016 "Out of the shadows: making mental health a global priority". This two-day event was co-hosted by The World Bank and World Health Organization, with the aim of moving mental health out from the margins to the mainstream of the global development agenda. The IIMHL Board of Directors and IIMHL SCLG were invited to attend.

<http://live.worldbank.org/out-of-the-shadows-making-mental-health-a-global-development-priority>

IIMHL organised a meeting hosted by Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). In April 2016, 18 international health officials came together at DBHIDS for a "meeting of the minds." The leaders, representing IIMHL's eight member countries, came to Philadelphia after hearing about the innovative public health strategies Arthur C. Evans and his staff are using to address and improve behavioral health outcomes in their city. For a summary of the meeting please go to:

http://dbhids.org/wp-content/uploads/2016/05/DBHIDS-Announcement_IIMHL-Leadership-Visit-April-2016_for-distribution.pdf

IIMHL supported Arthur C. Evans of Philadelphia travel in November to Stockholm, Birmingham and Dublin, Ireland to speak about the city and urban mental health developments in Philadelphia.

IIMHL was one of three co-hosts of WeBelong, an international round table discussion on indigenous suicide prevention in Vancouver, BC Canada.

IIMHL attended the WHO MH-Gap meeting in Geneva to focus on developments in low and middle-income countries.

IIMHL worked with Sweden to facilitate presentations by IIMHL, the honourable Norman Lamb and Dr Gary Belkin on developments with the West Midlands Mental Health Commission and New York City Thrive.

IIMHL linked Eduardo Vega, President and CEO of Mental Health Association of San Francisco and Director of the Center for Dignity, Recovery and Empowerment to speak in New Zealand in August, supported by the Health Promotion Agency. His topic was "Flipping the Script for Recovery and Dignity in Mental Health: the crucial role of communities, providers and lived expertise at the tipping point of change".

IIMHL facilitated a presentation to South African Mental Health leaders by Bruce Kamradt on the Milwaukee Wraparound model for children and youth.

IIMHL brought leaders to the Mental Health Corporation of America Spring Meeting. The MHCA Spring Meeting was held in May 2016 in Cincinnati and IIMHL supported the attendance of three leaders who spoke about self-directed care. They were Prof. Kevin Mahoney, Boston College School of Social Work and Founding Director, National Resource Center for Participant-Directed Services, Michigan Department of Health and Human Services Managers, Pam Werner and Pat Carver. The group aimed to:

“Learn the key elements of self-direction and discuss the Multi-State Demonstration and Evaluation that is underway. Representatives from Michigan will discuss implementation experiences and provide examples of the types of participants who have benefited from this option.”



Prof Kevin Mahoney, US; Pat Carver, US; Fran Silvestri, IIMHL; and Pamela Werner, US; at the MHCA meeting in Cincinnati.

Provision of Requested Information to IIMHL and IIDL leaders. When leaders from sponsoring countries who are members of IIMHL or IIDL ask our operations team for information on a specific area of interest, we send out requests: One example is below.

In 2016 John Feneley of the NSW Mental Health Commission asked for information from senior leaders on ‘Mental health strategies for first responders’. The IIMHL team responded by asking others, who were generous in their responses. Later that year the NSW MHC published a strategy document: “Mental health and wellbeing strategy for first responder organisations in NSW”:

<http://nswmentalhealthcommission.com.au/publications/mental-health-and-wellbeing-strategy-for-first-responder-organisations-in-nsw>

And an accompanying video:

<https://www.youtube.com/watch?v=eAwa-UnYahc&feature=youtu.be>

12. Partnerships and collaborations to support Knowledge Transfer in 2016

There are many examples of knowledge transfer activities involving leaders between exchanges. Some of these examples are described below including more detailed reports from participants and organisers, including links to referenced websites.

The International Knowledge Exchange Network for Mental Health (IKEN-MH). One method of international knowledge transfer between exchanges, the IKEN-MH, has been supported by IIMHL and the Canadian Mental Health Commission. The aim was to reduce the time from innovation to implementation to improve population mental health by connecting people, ideas and resources on a global level.

“The three primary tasks of IKEN-MH are:

- a) To develop capacity globally to share promising national, regional and local innovative practice and systematic evidence on how to design, manage and transform mental health systems, services, and programs;
- b) Build capability to understand the need to train leaders in Implementation Science; and
- c) To create a community of practice for people with strategic roles in Knowledge Exchange (KE) and systematic improvement to share learnings and collaborate across borders”.

Nicholas Watters from the Mental Health Commission of Canada (MHCC) submitted updates on IKEN-MH and SPARK:

“The formation of the IKEN-MH was jointly envisioned by the MHCC and IIMHL. The aim was to increase the capacity for effective knowledge exchange in mental health by connecting people, ideas and resources on a global level.

The goal of the IKEN-MH is to reduce the time from innovation to implementation to improve population mental health while focusing its efforts on:

- Building capacity and infrastructure;
- KE research and tool development;
- Utilizing technology to enhance connectivity; and
- Increasing the uptake of evidence informed knowledge



Louise Bradley, President and CEO of the Mental Health Commission of Canada.

The IKEN-MH had a very busy 2016 delivering two training workshops, one focused on knowledge translation and the other on the role of intermediary organizations. In addition, the IKEN-MH hosted a webinar highlighting: **Perspectives on Child and Youth Mental Health and Youth in Care** from Canada and New Zealand. The archived webinar can be found here:

<http://www.mentalhealthcommission.ca/English/initiatives/11863/iken-mh-webinar-series-archive>

Supporting the Promotion of Activated Research and Knowledge (SPARK). “In 2012, the Mental Health Commission of Canada’s (MHCC) Knowledge Exchange Center (KEC) launched the SPARK Training Program, with the goal of teaching people engaged in the mental health, substance use and addictions fields techniques for moving evidence-informed research and other types of knowledge more quickly into practice.

SPARK Australia was delivered to 30 participants in June 2016 at the Sebel Hotel in Manly Beach, Sydney, New South Wales. SPARK had previously been delivered three times internationally: in New Zealand and Sweden and also, as a pre-IIMHL workshop in Vancouver, Canada.

The two-day workshop was adapted from the SPARK national two-day training program with a focus on emerging leaders. In addition to the ‘*Innovation to Implementation*’ (I2I), which is at the core of the SPARK program; this version also included elements of the Leads in a Caring Environment Framework and SBAR (Situation-Background-Assessment-Recommendation). The Leads framework allowed participants to reflect on leadership skills at all levels (self, team, organization, system etc.) and the SBAR was used as a tool to effectively pitch an idea for a knowledge translation project.

Previous international SPARK workshops were each customized to a similar degree, but in different ways.

We evaluated the workshop at two levels: participant satisfaction with the workshop and workshop effectiveness. We tested the effectiveness of the workshop by measuring change in knowledge through a pre-test and post-test. We were able to match 30 of the pre- and post-tests and the results were encouraging. The average score on the pre-test was 4.9/10 while the average score on the post-test, administered at the end of the workshop, was 9.2/10. This indicates a significant increase in knowledge about the I2I and knowledge translation planning”.

The Wharerātā Group. Rose LeMay gives an update on the Wharerātā Group for 2016:

“The Wharerātā Group continues to maintain a network across the IIMHL countries to support ongoing Indigenous leadership development and use of influence for positive change. With thanks to Fran Silvestri and the IIMHL team that supported a strong Indigenous role and partnership in the Vancouver IIMHL in 2015, we are confident that we have a sustainable partnership between our two networks in 2016.



Rose LeMay, International Chair, Wharerātā Group; and, Director, Canadian Foundation for Healthcare Improvement, Canada.

The Vancouver IIMHL event raised Indigenous voices to every table at the IIMHL. The goal of building equity between mainstream mental health approaches with Indigenous wellness approaches was met when one IIMHL leader voiced recognition that the holistic approaches of Indigenous wellness may be the best way for all. This is the foundation of the Wharerātā Declaration - there are best and wise practices in every knowledge system, including Indigenous knowledge systems.

We are at a crossroads for Indigenous mental health and wellness. Suicide rates for Indigenous peoples have increased in the past two years at an alarming rate. This epidemic requires all partners and providers to deepen their knowledge of the trauma of colonization, which may be increasing risk of suicide, and Indigenous leaders to come together to rapidly share what works.

Wharerātā Group members in New Zealand, Australia and Canada have keynoted and led large visible events in the past year on the topic of Indigenous life promotion and suicide prevention. The World Indigenous Suicide Prevention Conference in New Zealand resulted in a Declaration, and the Australian event resulted in a social media-reporting format, which was highly successful. A clear consensus was growing: the strongest protective factor for Indigenous peoples is a sense of identity grounded in culture.

In 2016 the Canadian event “WeBelong” built on the success of the previous gatherings, to validate what is known about life promotion. This is an intentional reframing to be strength-based, led in partnership by Canada's premiere Indigenous mental health organization Thunderbird Partnership Foundation, the Canadian Foundation for Healthcare Improvement, and the IIMHL. Much of the proceedings of the event were live-streamed and covered in social media, with over 1 million touches across the world.

The WeBelong event also added an Indigenous youth leadership pre-session. With First Nations, Inuit and Metis youth together for the first time, they built consensus on their recommendations for life promotion and suicide prevention. As the Chair of Wharerātā, I am so proud to have built the foundations of Wharerātā into this youth session, and put into practice real leader development for our youth.

To work with and learn from our Indigenous youth gives me hope for the future. There is so much strength in our youth. Let's find a way to support their development, as they are pou² in their communities”.

Child and Adolescent Mental Health Group. This is an ongoing IIMHL group that has met over many years with a core group of attendees and new people also warmly welcomed. In 2016 the Werry Centre from New Zealand has continued its hosting of teleconferences between Exchanges with all the international colleagues from this group. Examples of information shared via teleconference and email in 2016 are:

- Implementing Single Session Family Consultation
- Denise Fry (2012). Implementing Single Session Family Consultation: A Reflective

² “Pou” is the Maori word for pillar

Team Approach. Australian and New Zealand Journal of Family Therapy, 33, pp. 5469
doi: 10.1017/ aft.2012.6

- Family therapy
https://www.bouverie.org.au/images/uploads/Bouverie_Centre_Framework.pdf
- Peer support competencies and examples of job descriptions for Peer Workers/
Consumers and Service Users
<http://www.tepou.co.nz/resources/competencies-for-the-mental-health-and-addiction-service-user-consumer-and-peer-workforce/536>
- Trauma-Informed programme for Vulnerable Children (Oranga Tamariki) in New Zealand. Research undertaken will support workforce development for the new 'Ministry for Vulnerable Children' in New Zealand.

Zero Suicide. David Covington from Recovery Innovations in the US updates this area:

"In partnership with IIMHL, Suicide Prevention Australia and Recovery Innovations International will host the third international summit of Zero Suicide in Healthcare in 2017 in Sydney, Australia. 70 participants from 16 countries are registered to attend. Next year's theme, 'From declaration to local action,' will be co-led by David Covington and Dr Mike Hogan. At next year's summit, suicide prevention pioneers from around the world will present and discuss the challenges and successes experienced following implementation of suicide prevention initiatives.

The inaugural summit was held at the 2014 Leadership Exchange in Oxford, England (IIMHL Manchester) with 14 participants representing four countries. The following year 50 participants from 13 countries attended the Atlanta summit (IIMHL Vancouver 2015).

The outcome of the second summit was the Zero Suicide Declaration, which can be downloaded here, and served as the launch pad for discussions planned for this year's summit.

<https://www.slideshare.net/davidwcovington/zero-suicide-international-declaration-draft-01-september-2015>

A webinar was held in December, 2016: "After a Suicide: The Zero Suicide Approach to Postvention in Health and Behavioral Healthcare Setting"

<http://zerosuicide.sprc.org/sites/zerosuicide.actionallianceforsuicideprevention.org/files/Zero%20Suicide%20and%20Postvention%2012.8.16.pdf>

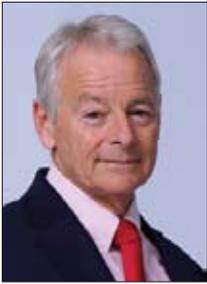
Supports for Military Personnel and their families. Kate McGraw (Deputy Director, Defense Department) outlines work in 2016:

The Deployment Health Clinical Center (Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury) is the Defense Department host for the Substance Abuse and Mental Health Services Administration IIMHL military match site. Led by Kate McGraw since 2011, this leadership collaboration has focused on the mental health needs of rural and remote service members and their families, a critical need identified by mental health leaders from the United States, United Kingdom, Canada, Denmark, Germany, New Zealand and Australia.

The RAND Corp. "Access to Behavioral Health Care for Geographically Remote Service Members and Dependents in the U.S." study on the mental health needs of rural and remote family members was initiated in support of this IIMHL project. RAND (2015) reported that in the US an estimated 1.3 million individuals (some 300,000 Service members and an additional 1 million dependents) were at risk of living in an area remote from behavioral health care (greater than a 30 minute drive time) with Army Service members contributing most heavily to these counts. This research was sponsored by the Office of the Assistant Secretary of Defense for Health Affairs and the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury and conducted within the Forces and Resources Policy Center of the RAND National Defense Research Institute.

[Caution-http://www.rand.org/pubs/research_reports/RR578.html](http://www.rand.org/pubs/research_reports/RR578.html) < [Caution-http://www.rand.org/pubs/research_reports/RR578.html](http://www.rand.org/pubs/research_reports/RR578.html) >

In 2016 onwards the group is working on an article that describes systems of military mental health care delivery in participating countries, and describe tele-health and mobile app capabilities to expand access to care and support for SMs and their families who reside in rural/remote locations.



Prof. Harold Pincus,
Columbia University

Clinical Leads Project. Prof. Harold Pincus updates this area for 2016:

The project, "Measuring Quality of Mental Health Care: An International Comparison", was initiated by a group of clinical experts under the auspices of the IIMHL.

Led by Columbia University in New York, the project is currently in its third phase and aims to raise awareness amongst clinicians and policymakers regarding the quality of care of mental health systems and, ultimately, to be able to compare system performance across countries to inform initiatives for transformation of mental health services. Participating countries include Australia, Canada, England, Germany, Ireland, the Netherlands, New Zealand, Norway, Scotland, and the US.

Activities undertaken in 2016 included: International Mental Health Indicator project - Phase III. Phase III of the project has focused on compiling data on a selected number of indicators which are collected by all, (or a majority of) participating countries (*Part A*). Following the IIMHL Clinical Leaders Group meeting in New York in September 2015, where we discussed results of the data collection on selected mental health indicators, we are preparing a paper that not only reports on the results of the data collection but discusses the gaps and limitations of current data availability as well as barriers to move toward a common framework, and ultimately benchmarking between countries. We will circulate a draft of the data report before the meeting in Sydney in March 2017.

Phase III has also been seeking to further explore the current status of recovery oriented measures for quality improvement and accountability (*Part B*). To this end we published a review of recovery programs and initiatives in participating countries in the International Journal of Mental Health Systems.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5131415/>)

We are also submitting a commentary on how to better include recovery aspects into overall measurement activities.

Next steps planned.

IIMHL Clinical Leadership Meeting – Sydney March 2017. Parashar Ramanuj, M.B.B.S., M.R.C. Psych., from the UK is planning to participate in the IIMHL Clinical Leaders Group meeting in Sydney on behalf of Harold A. Pincus, MD, who has been leading this international effort.

After the meeting in Sydney we will plan a round of calls to:

- Secure commitment from countries for future research activities
- Discuss future research directions of the group
- Discuss how to best share information and deepen collaboration among countries

Publications. So far, we have had 20 papers published summarizing the work of Phase I, II, and III of the project. Two more manuscripts summarizing Phase III of the project are in the final stages of development.

Harold Alan Pincus, M.D.

Professor and Vice Chair

Department of Psychiatry

College of Physicians and Surgeons

Co-Director

Irving Institute for Clinical and Translational Research Columbia University

Director of Quality and Outcomes Research

New York-Presbyterian Hospital

13. International Initiative for Disability Leadership (IIDL) Chairperson's Report

The IIDL has seen substantial development throughout 2016 and we are looking forward to welcoming over 100 IIDL delegates to Sydney for the 2017 Leadership Exchange and Combined Meeting.

Hosting the event in Australia has provided the opportunity to build and strengthen our own country network and I'd like to acknowledge the key role of our Local Organising Committee members including Ken Baker and Katherine McLellan (National Disability Services), Damien Griffiths (First People's Disability Network), Matthew Wright (Australian Federation of Disability Organisations), Ara Cresswell (Carers Australia) and Anne Skordis (National Disability Insurance Agency: NDIS), with executive support from Aisling Blackmore. The program includes 20 Leadership Exchanges across Australia and New Zealand and a Combined Meeting with many features including a panel on the collective leadership to bring about the NDIS in Australia, State of the Nations presentations from member countries and an international market place of key initiatives and resources.



Eddie Bartnik, Strategic Advisor to the NDIS and Anne Skordis, General Manager, Scheme Transition, NDIS.

IIDL works strongly in collaboration with our IIMHL partners and we share many common issues. The support from the IIMHL Sydney Organising Committee and IIMHL Chair John Feneley and his team from the NSW Mental Health Commission has been greatly appreciated. The Sydney program also has opportunities to focus on the important overlap between mental health and disability, for example with the joint opening keynote by Professor Tom Calma and a session on self directed support in mental health and psychosocial disability.

The Sponsoring Countries Leadership Group (SCLG) for IIDL had its inaugural meeting at the Vancouver Exchange in 2015 and had a very successful follow up learning exchange and meeting in Ottawa in November 2016. Particular highlights for me were the visit to Carleton University and their wonderful accessibility and support features for students with disabilities and mental health concerns. The ongoing support by the Government of Canada for IIDL is greatly appreciated.

I'd like to acknowledge James van Raalte from the Office for Disability Issues in the Government of Canada and his team for both his hosting of the Ottawa meeting and Exchange and also James' key role as Vice Chair of the SCLG. In addition to planning for the Sydney event, the SCLG developed a 3-5 year development plan for IIDL including supporting our participating countries to become members of IIDL and forward planning for the 2018 event. As a fledgling group, strong collective leadership is required to sustain and grow momentum and the commitment of all members and governments is greatly appreciated.

The dynamic international nature of IIDL and key relationships requires a lot of glue to keep things together and moving. Our progress so far is only possible because of the wonderful support from Fran Silvestri President & CEO and his team plus the long-term leadership and support from Lorna Sullivan (IIDL Coordinator) and Dr Michael Kendrick (IIDL Consultant). While Lorna is currently based in Australia, she is also our strong link to New Zealand and has worked tirelessly with our NZ members to jointly plan Leadership Exchange visits across both countries. I would also like to acknowledge the substantial support from the NDIS as the Australian country member and host for Sydney 2017. The support of David Bowen (CEO) and Louise Glanville (Deputy CEO) is very much appreciated.

Eddie Bartnik
Chair IIDL

Lorna Sullivan updates for IIDL. During the 2015/16 financial year we welcomed both Canada and Australia as financial members of IIDL. The Australian lead member agency is the NDIS, and Canada is represented by the federal Office of Disability Issues. The year has seen sound growth of the IIDL networks and the engagement of these networks in the international exchanges and the increased development of working initiatives amongst leaders from member countries.

As a consequence of this growth, IIDL now has its own independent Sponsoring Countries Leadership Group (SCLG), which has membership from New Zealand, Australia, Canada and Ireland with participation from the United States.



IIDL SCLG attendees at the Ottawa 2016 meeting– back row: Fran Silvestri (IIMHL); James van Raalte (Canada, Deputy Chair IIDL SCLG); Garth Bennie (Chief Executive, New Zealand Disability Support Network); Eddie Bartnik (Australia and Chair IIDL SCLG); Paulette Cornette (Office for Disability Issues Employment & Social Development Canada); Michael Kendrick (USA and IIDL Consultant); Front row – Lynnae Ruttledge (Commissioner, Rehabilitation Services Administration, USA); Lorna Sullivan (Australia and IIDL Coordinator); Anne Skordis (General Manager Scheme Transition, NDIS Australia)

This group has come together twice now (once in Vancouver and once in Ottawa). It aims to provide the leadership direction for this growing initiative. It has the added benefit of bringing key policy makers from the representative member countries together to strengthen relationships, share innovation and learn from the innovations being applied in each country.

“Carlton operates under the parameters of the Ontarians with Disabilities Act and the province’s Human Rights Code.

There are proactive standards that the university as a whole is mindful of, in addition to our mandate to provide individualized accommodation.”

Somei Tan, Disability Advisor, Carlton University, Ottawa.

A major interest for the international community at this time is the design, development and implementation of the National Disability Insurance Scheme in Australia. IIDL has, through the relationships of the SCLG, been instrumental in enabling member countries to engage directly with key personnel from the NDIA. The Agency has been very generous in contributing their knowledge and leadership to enable member countries to engage with and understand the intricacies of this major reform and how such an approach might have relevance in a broader, international sense.

The National Disability Insurance Agency is continuing in its active support of IIDL with Eddie Bartnik acting as Chair for the SCLG and with fellow SCLG member Anne Skordis, hosting two exchanges for the 2017 Australian Leadership Exchange.

During the year, members of the SCLG were privileged to be hosted by the Canadian Office for Disability Issues, and given the opportunity to experience first hand some of the very impactful developments occurring within Canada, in particular, the work of universities such as Carlton University in Ottawa, and the Paul Merton Centre. There are more than 2,500 students with disabilities studying at Carlton, 10% of the student population, with 90% of students with disabilities having learning disabilities or mental health issues. The University also has on site attendant care support for students and a strong network of volunteer note takers for students who require that support.

Learning opportunities were also provided around the Canadian Video Relay Service, a service to enable deaf or hard of hearing people to connect with telephone users via



IIDL members on a learning exchange with Carlton University.

video over the Internet. The Video Relay Service can be accessed via an app from smart phones, tablets, laptops and computers. It demonstrates the ongoing emergence of technology in expanding the life opportunities for people with disabilities and the need for leadership in this sector to be engaged with and influence the potential that can be gained. Major advances made by the Canadian Government in ensuring that democratic processes in Canada are accessible to all people, including accessible voting venues and voting cards, is an example of Government led innovation that could readily be adopted by all member governments in order to enable people irrespective of their disability to have ease of access and participation in the democratic process.

IIDL members also had the opportunity to be informed of major policy and legislative developments within member countries, with the opportunity to learn from and review the likely impact of these developments, as many issues which result in legislative change have relevance across all member countries.

Two examples of sharing of major government initiatives during this year have been the development of the National Disability Insurance Scheme from Australia, and the Canadian Medically Assisted Dying Legislation. Of particular importance to the disability community has been the sharing with the IIDL network of the Vulnerable Persons Standard, developed to support this legislation. Copies of the Standard can be accessed from <http://www.vps-npv.ca/readthestandard> Comprehensive and regularly updated information on the National Disability Insurance Scheme can be accessed from <http://www.ndis.gov.au/>

In addition to the Leadership Exchange in Ottawa, SCLG members discussed a number of key development areas for IIDL, including: planning for the Sydney Leadership Exchange and Combined Meeting; engagement of new member countries especially Sweden, Finland, USA and England; strengthening own country leadership networks; and enhancing the resources and events available to IIDL members.



Kathleen Lynch, Minister for Disability, Ireland.

Vancouver 2015. The 2015 exchange in Vancouver brought disabled leaders, family leaders and sector leaders together from across New Zealand, Australia, Canada, Ireland and the United States. Sixty-nine members participated in nine exchange sites ranging in focus from strategies for real employment, community development and community research, individualised support systems and the transformation of service systems.

At the Combined Meeting following the exchanges we were joined by the Irish Minister for Disability: Kathleen Lynch. She shared with us the legislative frameworks of her country around accessibility in the built environment, emphasising that the ability to move from place to place is a paramount issue for the social and economic participation for people with disabilities.

Molly Harrington was the Assistant Deputy Minister, Policy and Research Division, Ministry of Social Development, Government of British Columbia. She spoke to the economic challenges which continue to persist for people with disabilities as they continue, world wide, to experience unemployment, under employment, poor quality education and benefit dependency. We also had the opportunity of gaining insight into the initiative developed by Al Etmanski and colleagues around the adoption and implementation across Canada of the Registered Disability Savings Scheme, and other developments to assist people with disabilities out of long-term benefit dependency and poverty.

We now look forward to our next exchange in Sydney where the development and implementation of the National Disability Insurance Scheme will continue to be a major focus.

"IIDL offers governments, agencies and not-for-profit organizations in Canada the opportunity to benefit from the insights, innovations and emerging best practices of national, regional and local disability programming from around the world."

James van Raalte,
Director General, Office for Disability
Issues, Income Security and Social
Development Branch, Employment and
Social Development Canada.



Prof. Kevin Mahoney, from Boston College US, and Martin Rogan, Director of Strategy & Planning with the Rehab Group, Ireland.

Leadership

"When I was appointed West Australian Mental Health Commissioner in 2010, the first position of its kind in Australia, I joined IIMHL and attended the San Francisco Leadership Exchange and Combined Meeting.

This enabled a rapid immersion into the international context and evidence base as well as a network of supportive and inspiring colleagues. This leadership investment made a tangible and lasting impact on our reforms.

Since 2014 I have had a national strategic advice role with the National Disability Insurance Scheme in Australia, the biggest social policy reform in our country since Medicare. IIDL provides a wonderful opportunity to learn and share across our member countries and to invest in the next generation of leaders on a national and international scale. The intersection of mental health and disability also provides significant opportunities for shared leadership and impact.

Eddie Bartnik,
Strategic Advisor, National Disability Insurance Agency, Australia, 2016

IIDL 2016 examples of Update articles.

Australia

- Effective, evidence-based psychosocial interventions suitable for early intervention in the National Disability Insurance Scheme (NDIS): promoting psychosocial functioning and recovery
- Preventing Violence against Women and Girls with Disabilities: Integrating A Human Rights Perspective
- How the Justice System Fails People with Disability—and how to fix it
- The National Disability Insurance Scheme: Looking back to see the future

Canada

- Ready Willing & Able
- We Matter
- My Compass Planning App
- Sheltered Workshops to Close Forever
- How to Live, Not Just Survive, With an Intellectual Disability

New Zealand

- The New Zealand Disability Support Workforce: 2015 survey of NZDSN member organisations
- Making Citizenship and Rights Real in the Lives of People with Intellectual Disabilities
- Draft New Zealand Disability Strategy 2016 – 2026

England

- Personal Planning Book
- The Right Care in the Community
- Continuing Challenges of Institutionalisation
- Returning Home

OECD

- Policies to Support Family Carers

IIDL in between Leadership Exchange activities. In February 2016, a workshop was held in Auckland called: "Self directed support in mental health with a focus on psychosocial disability". This workshop was jointly hosted by: Te Pou, IIMHL, IIDL and the New Zealand Disability Support Network (NZDSN). The presenter was Eddie Bartnik, IIDL Chair and an independent consultant from Australia and Fran Silvestri, President & CEO, IIMHL and IIDL. A panel of sector leaders had a lively discussion on what "transformation of the disability support sector looks like."

In 2016 Prof. Kevin Mahoney visited Dublin and presented to Disability leaders on Individualised Payments. Kevin and Martin Rogan, met with the Minister for Disability Finian McGrath - the photo above was taken in the Chamber of Dáil Éireann - the Irish Parliament.

IIMHL contact details

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